



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800002

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE CLUB INC

DOING BUSINESS AS THE CLUB

ADDRESS 130 FROST ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: KOPELMAN,
ROBERT D.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN BLDG, WITH THREE ROOMS, SERVICE AREA AND TWO ROOMS OF STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800005

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DRACUT FOOD SERVICE CORPORATION

DOING BUSINESS AS THIRSTY'S

ADDRESS LAKEVIEW AVE.

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: DANG, THIEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, 2 ROOMS, CELLAR USED FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800006

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: IPEROS, INC.

DOING BUSINESS AS OLYMPIC PIZZA

ADDRESS 240 LAKEVIEW AVE.

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: PAPPAS,
DIMOSTHENIS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BAY 6 OF SIX BAY SHOPPING PLAZA. ONE FLOOR, FRONT AND REAR ENTRANCE AND
EXIT. ONE ADDITION TO HOUSE REFRIGERATION UNIT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800007

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GMRI, INC

DOING BUSINESS AS THE OLIVE GARDEN ITALIAN RESTAURANT

ADDRESS 422 MIDDLESEX RD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: DUCHARME,
MATTHEW

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY 8113 SQ FT BUILDING WITH FOUR DINING ROOMS KITCHEN, BAR/LOUNGE;
PUBLIC RESTROOMS, WAITING AREA; ENTRY VESTIBULE; MANAGERS OFFICE,
EMPLOYEE BREAK ROOM, RESTROOMS AND SERVICE STATIONS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800008

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RAMOURA, CORP.

DOING BUSINESS AS O'CONLEY'S

ADDRESS 24 MIDDLESEX ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: HEROUX,
ROBERT E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE DINING ROOM AND LOUNGE AREA. NO CELLAR

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800009

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C S BUSINESS ENTERPRISES,LLC

DOING BUSINESS AS ANGELA'S COAL FIRED PIZZA AT TYNGSBOROUGH INC.

ADDRESS

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: GUEVARA,ALFON TYPE OF LICENSE:Restaurant
SO

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

Two story building

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800011

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROBERT D.PELLETIER AMERICAN LEG.POST #247 INC

DOING BUSINESS A

ADDRESS 80 PAWTUCKET BLVD.

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: BURKE, JOHN F.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN BLDG CONSISTING OF THREE ROOMS;MAIN,LEFT AND RIGHT WING WITH
PORTABLE BAR LOCATED AT REAR OF BLDG. IN PATIO AREA, FUNCTION ROOM AND
STORAGE IN BASEMENT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800013

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VESPER COUNTRY CLUB INC

DOING BUSINESS AS VESPER COUNTRY CLUB

ADDRESS PAWTUCKET BLVD.

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: MAZUR, DAVID

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800014

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STONEHEDGE INN CORPORATION

DOING BUSINESS AS

ADDRESS 160 PAWTUCKET BOULEVARD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: BOZKURT,
LEVENT

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

30 ROOM INN WITH SITTING ROOM LOUNGE, LIBRARY, RESTAURANT SMALL EXECUTIVE BOARDROOM, ONE FRONT MAIN ENTRANCE WITH ONE REAR ENTRANCE FOR DELIVERIES AND TWO EMERGENCY EXITS, ONE AT EACH END OF THE BLDG

I hereby certify and swear under penalties of perjury that:

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(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800019

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DELPERO ENTERPRISES, INC

DOING BUSINESS AS CAFÉ IL CIPRESSO

ADDRESS 130 MIDDLESEX ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: ROGERS, CHARLE
NE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4000 SQ FT BLDG DIVIDED EQUALLY BETWEEN FIRST LEVEL AND BASEMENT LEVEL.
DINING AREA LOCATED ON FIRST LEVEL; LOUNGE AREA LOCATED ON SECOND LEVEL (BASEMENT)

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800022

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GEORGE TSINGOS & ANASTASIOS DOUKAS

DOING BUSINESS AS FLINT'S PIZZA AND SEAFOOD

ADDRESS 150 WESTFORD ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING AREA HAS CAPACITY SEATING OF 19, ONE ROOM, FRONT ENTRANCE, EXIT
LOCATED IN REAR OF BLDG

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800024

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAXMINARAYAN LIQUOR, INC.

DOING BUSINESS AS G & G LIQUORS, INC.

ADDRESS 22 WESTFORD RD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: PATEL, BRINDA H. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON THE STREET FLOOR CONTAINING APPROX 2070 SQ FT FOR SALE AND STORAGE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800033

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THREE MIDDLESEX TYNGSBORO, INC

DOING BUSINESS AS

ADDRESS 350 MIDDLESEX ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: SHANAHAN, PATRICK
TYPE OF LICENSE: Restaurant
CK KEVIN

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, LOUNGE, BAR AREA, FUNCTION ROOM, CASABLANCA ROOM, BACALL ROOM AND RICK'S CAFE. 2 STORY WOOD BLDG.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800035

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BARBEQUE INTERGRATED, INC.

DOING BUSINESS AS SMOKEY BONES BBQ

ADDRESS 431 MIDDLESEX ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: BLAISE, STEVE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

one story full service restaurant

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800036

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TYNGSBORO SPORTSMAN CLUB, INC.

DOING BUSINESS AS

ADDRESS 90 WESTFORD ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 02943

MANAGER: WOOD JR.,
ROBERT J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY TWO RMS FOR FUNCTIONS

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800038

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAYESH PATEL

DOING BUSINESS A BRIDGEVIEW CONVENIENCE STORE

ADDRESS 172 MIDDLESEX ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800039

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OUTBACK STEAKHOUSE OF FLORIDA, LLC

DOING BUSINESS AS OUTBACK HOUSE

ADDRESS 440 MIDDLESEX RD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: DUMOND, JOSHUA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BUILDING WITH FRONT, SIDE AND REAR ENTRANCES. FRONT TWO DOOR ENTRANCE; ONE REAR DELIVERY; 2 FIRE DOORS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800040

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TYNGSBORO COUNTRY CLUB, INC

DOING BUSINESS AS TYNGSBORO COUNTRY CLUB

ADDRESS 58 SHERBURNE AVE

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: CAPRA, TAMMY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CLUB HOUSE WITH KITCHEN, RESTROOMS AND FRONT AND REAR
ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800041

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIL LOBSTER BOAT LLC

DOING BUSINESS AS LIL LOBSTER BOAT RESTAURANT

ADDRESS 440 MIDDLESEX ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: VARRIEUR,
JERIMIAH

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800042

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VESPER COUNTRY CLUB, INC.

DOING BUSINESS AS VESPER COUNTRY CLUB

ADDRESS ISLAND ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: MAZUR, DAVID

TYPE OF LICENSE: Club

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800043

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRINKER MASS CORPORATION

DOING BUSINESS AS ON THE BORDER

ADDRESS 433 MIDDLESEX RD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: ENCOLINE,
THOMAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NEW CONSTRUCTION, 7846 SQ FT ONE STORY FULL SERVICE RESTAURANT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800045

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P. SHIV, INC.

DOING BUSINESS AS FLINTS CONVENIENT STORE

ADDRESS 00150C WESTFORD RD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: PATEL, BHAVIN S. TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT AND REAR ENTRANCE, LOCATED IN STRIP MALL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800046

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW ENGLAND WINE COMPANY, LTD

DOING BUSINESS AS WINE SOCIETY

ADDRESS 440 MIDDLESEX RD.

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: SAUNDERS,
CHARLES J.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800047

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAXAMILLIANS INC.

DOING BUSINESS A MAXAMILLIANS BILLARDS, FOOD, SPIRITS

ADDRESS 315 MIDDLESEX ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: STANBURY, GLEN TYPE OF LICENSE: Restaurant
ARTHUR

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800048

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARRABA'S ITALIAN GRILL LLC

DOING BUSINESS AS CARRABA'S ITALIAN GRILL

ADDRESS 386 MIDDLESEX ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: HANSON,
KIMBERLY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 6400 SQFT WHICH PREMISES SHALL CONAIN 243 SEAT THE PROMISES CONSISTS OF A DINING AREA, OPEN LOUNGE AREA, AND EXHIBITION KITCHEN, TWO BATHROOMS AND STROAGE ROOMS. THE MAIN ENTRANCE WILL BE ON MIDDLESEX ROAD WITH SERVICE ENTRANCE TO THE REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800050

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANJALI, INC.

DOING BUSINESS A SUN CITY VARIETY

ADDRESS 240 LAKEVIEW AVENUE

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: PATEL, MEENA J.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800051

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STONEHEDGE INN CORPORATION

DOING BUSINESS A

ADDRESS 170 PAWTUCKET BLVD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: BOZKURT,
LEVENT

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL SHOP, ONE MAJOR ENTRANCE AND NINE EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800052

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE LIQUOR SHOP TYNGSBORO INC.

DOING BUSINESS AS THE LIQUOR SHOP

ADDRESS 440 MIDDLESEX ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: MIAMIS, GEORGE TYPE OF LICENSE: Package Store CATEGORY: All Alcohol M.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800053

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOUBLE D PUB, INC.

DOING BUSINESS AS DUKE'S PUB AND GRILLE

ADDRESS 147 FROST ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: DIROCCO,
DONATO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS, FULL RESTAURANT..ONE MAIN ENTRANCE IN FRONT..ONE
ENTRANCE TO KITCHEN...TWO ENTRANCES/EXITS TO THE REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800054

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TYNGSBORO SPORTS CENTER INC.

DOING BUSINESS A TYNGSBORO SPORTS CENTER

ADDRESS 18 PROGRESS AVENUE

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: WICKENS,
DARRYL

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

45000 SQ FT BUILDING WITH TWO FLOORS AND FIVE ENTRANCES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 129800055

CITY OR TOWN TYNGSBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FENG SHUI EXPRESS INC.

DOING BUSINESS AS FENG SHUI KITCHEN

ADDRESS 150 WESTFORD ROAD

CITY/TOWN: TYNGSBOROUGH

STATE: MA

ZIP CODE: 01879

MANAGER: ZHANG, FRANK

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE SPACE IS ON THE FIRST FLOOR OF A TWO STORY, MULTI-UNIT BUILDING, THE FLINTS CORNER PLAZA...THE SPACE IS ABOUT 2400 SF WITH TWO ENTRANCES AND TWO EXITS...IT WILL BE AN UPSCALE ASIAN RESTAURANT WITH 60 SEATS, SERVING CHINESE AND SUSHI CUISINES...THE BAR WILL HAVE 6 SEATS TO SERVE WINE, SAKE AND BEER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: